

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041914

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 35

Primary Registration District No. 3202

Registrar's No. 144

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0170

2 0170-

3

4 0

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10

11 017

12 91-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 20 1962

1. PLACE OF DEATH

a. COUNTY Carrollb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Eugene Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONInside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Carrollc. CITY  
OR  
TOWN NorthomeInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE  
OF  
DEATH

Month

Day

Year

HarpurHawkinsNov. 7, 1962

5. SEX

6. COLOR OR RACE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

MaleWhite9-25-189171

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

FarmingFarmingCarroll CountyU.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Lewis HawkinsEmma HarpurSingle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

nono

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

2 Carter Hawkins Bogard Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MULTIPLE FRACTURES, COMPLETE

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DESTRUCTION of BODY FROM FALLDEATH

DUE TO (c)

UPWARD, (TORSO, HEAD AND ARMS)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

DECEASED CROSSING TRACKS OF WASHBURN RAILROAD.20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

and last saw her alive on

Death occurred at 10:50 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Date or title)

22b. ADDRESS

22c. DATE SIGNED

Charles L. Smith, M.D., Carroll, Mo.1021 1/2 St. Carrollton, Mo.11/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial11-9-62Antioch CemeteryNorth of NorthomeMo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Marshall J. Home Carrollton Missouri11-12-1962Ann Calcutt Thill moreUSE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.